

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Facility Information

Facility Name: TIMBERWOOD HOMES (0010792)

Address: 7102 TIMBERWOOD DR, MADISON, WI 53719

License Status: REGULAR

Licensed/Certified/Registered 12/01/2005

Regional Office: SOUTHERN REGION (MADISON), (608) 243-2370

Survey History

Survey ID: 0094854 **End Date:** 05/09/2005 **Type:** STANDARD **Purpose:** SURVEY

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008220 Served 05/24/2005

<u>Deficiencies Cited</u>	<u>Subject Area</u>	<u>Compliance Verified</u>	<u>Corrected</u>
83.11(3)(a)	RESPONSIBILITIES		
83.16(1)	ADMISSIONS AGREEMENT		
83.16(4)(a)	ABILITY TO PAY		
83.32(1)(b)	WRITTEN REPORT OF ASSESSMENT		
83.32(3)	SIGNING ASSESSMENT AND ISP		
83.33(3)(e)2.a	WRITTEN ORDER TO ADMINISTER MEDICATIONS		
83.42(2)(a)	EVALUATION RESIDENT EVACUATION LIMITS		
83.42(3)(e)	QUARTERLY FIRE DRILLS		
83.43(3)(a)	SMOKE DETECTION SYSTEM & HEAT DETECTORS		
83.43(3)(b)1	TESTING BY SERVICE COMPANY		
83.43(7)(b)	INSTALLATION AND MAINTENANCE		

Survey ID: 0094519 **End Date:** 04/05/2005 **Type:** OTHER **Purpose:** DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

DEPARTMENT OF HEALTH AND FAMILY SERVICES
Division of Disability and Elder Services
Printed 07/28/2006

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0093756 **End Date:** 12/02/2004 **Type:** STANDARD **Purpose:** COMPLAINT

Results: NO STATEMENT OF DEFICIENCY ISSUED

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006
Community Based Residential Facility
CLASS CNA (NONAMBULATORY)

STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 05/20/2005 **SOD #**10008220 **Appealed:** No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

NO NEW ADMISSIONS

FORFEITURE---83.16(1)

FORFEITURE---83.32(1)(b)

FORFEITURE---83.42(2)(a)

Disclaimer: This information is provided as a public service by the Wisconsin Department of Health and Family Services (DHFS). The Department neither endorses any facility nor guarantees that this information is accurate, up-to-date, or complete. This information, which should not be used as a sole source in selecting a facility, does not replace official information sources.